

FILED DEC 22 1950

## STANDARD CERTIFICATE OF DEATH

State File No.

41821

BIRTH NO.

REG. DIST. NO.

294

PRIMARY REG. DIST. NO.

3056

Registrar's No.

416

## 1. PLACE OF DEATH

a. COUNTY

Randolph

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Moberly

c. LENGTH OF STAY (In this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION

1300 Myra

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE

Missouri

b. COUNTY

Randolph

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Moberly

0883

d. STREET ADDRESS

1300 Myra

## 3. NAME OF DECEASED (Type or Print)

a. (First)

Lindsey

b. (Middle)

J.

c. (Last)

Graves

## 4. DATE OF DEATH

(Month)

(Day)

(Year)

Dec

11

1950

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

## 8. DATE OF BIRTH

July 2nd 1874

## 9. AGE (In years last birthday)

76

## 10. IF UNDER 1 YEAR

Months

Days

Hours

Min.

5

9

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Rtd Farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

✓

## 11. BIRTHPLACE (State or foreign country)

0 mo

## 12. CITIZEN OF WHAT COUNTRY?

## 13a. FATHER'S NAME

James W Graves

## 13b. MOTHER'S MAIDEN NAME

Rosalee Brockman

## 14. NAME OF HUSBAND OR WIFE

Hattie

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

✓

## 16. SOCIAL SECURITY NO.

✓

## 17. INFORMANT'S SIGNATURE OR NAME

Mrs. Hattie Graves, Moberly Mo

## ADDRESS

## 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)

Hypostatic pneumonia

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Fracture left hip

DUE TO (c) Fall

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Previous multiple strokes

## INTERVAL BETWEEN ONSET AND DEATH

2 days

15 days

15 days

year

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

127

## 20. AUTOPSY?

YES ☐ NO ☐

## 21a. ACCIDENT SUICIDE HOMICIDE (Specify)

Fall in home

## 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

## 21c. (CITY, TOWN, OR TOWNSHIP)

Moberly

## (COUNTY)

Randolph

## (STATE)

MO.

## 21d. TIME OF INJURY

12 23 50 9:00 AM

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

## 21f. HOW DID INJURY OCCUR?

Fall in home

69030

22. I hereby certify that I attended the deceased from 11-23, 1950, to 12-8, 1950, that I last saw the deceased alive on 12-8, 1950, and that death occurred at 8 PM, from the causes and on the date stated above.

## 23a. SIGNATURE

W. H. McCormick D.O.

## (Degree or title)

## 23b. ADDRESS

300 1/2 Reed St. Moberly Mo.

## 23c. DATE SIGNED

12-11-50

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 24b. DATE

Dec 13 1950

## 24c. NAME OF CEMETERY OR CREMATORY

Oakland

## 24d. LOCATION (City, town, or county)

Moberly Mo

## (State)

## DATE REC'D BY LOCAL REG.

## REGISTRAR'S SIGNATURE

Leah Shuler

## FUNERAL DIRECTOR'S SIGNATURE

P269 &amp; Son Mahan and Son

## ADDRESS

Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: DEC 18 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 12-56-21  
Date Filed: DEC 19 1950

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Frank D. DeWalt*

Licensed Embalmer No. 3021

P. O. Address *Moberly, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.